

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00359539

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)

(b) Monthly Report Due On: ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

 /  /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">157033.61</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">157033.61</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29482.92</span>	<span style="border: 1px solid black; padding: 2px;">29482.92</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">186516.53</span>	<span style="border: 1px solid black; padding: 2px;">186516.53</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">76354.37</span>	<span style="border: 1px solid black; padding: 2px;">76354.37</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">110162.16</span>	<span style="border: 1px solid black; padding: 2px;">110162.16</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25860.33

25860.33

(ii) Unitemized .....

3622.59

3622.59

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29482.92

29482.92

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

29482.92

29482.92

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29482.92

29482.92

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

29482.92

29482.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	354.37	354.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	354.37	354.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76000.00	76000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76354.37	76354.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76354.37	76354.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29482.92	29482.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29482.92	29482.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	354.37	354.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	354.37	354.37

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael J. Adler**

Mailing Address 1009 NE Imperial Ave

City State Zip Code  
 Portland OR 97232-2571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2016

Transaction ID : B4793258107984E2214

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian Berman**

Mailing Address 1541 W 22nd St

City State Zip Code  
 Miami Beach FL 33140-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Brian Berman, MD, PhD, PA

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

01 / 31 / 2016

Transaction ID : EE7FBB38-CF56-4183-

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

**C. Erin E. Boh**

Mailing Address 1430 Tulane Ave  
 Department of Dermatology #8036

City State Zip Code  
 New Orleans LA 70112-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tulane Medical Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2016

Transaction ID : 219890BA-87EE-41FA-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1251.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 7 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Bruce A. Brod**
 Mailing Address 1650 Crooked Oak Dr  
 Ste 200

City	State	Zip Code
Lancaster	PA	17601-4278

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology Associates of Lancaster

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : F561E6BD-8152-4BBF-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David Casper**

Mailing Address 8620A E County Road 466

City	State	Zip Code
The Villages	FL	32162-3670

FEC ID number of contributing federal political committee.

C

Name of Employer

Alliant Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2016

Transaction ID : 7D25D450-0971-4F3C-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Holly L. F. Christman**
 Mailing Address 490 Post St  
 Ste 700

City	State	Zip Code
San Francisco	CA	94102-1415

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology Medical Group of San Franc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : 3934C5B2-4B81-4E86-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 22  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. David Ciocon**
 Mailing Address 101 W End Ave  
 Apt 17J

City	State	Zip Code
New York	NY	10023-6346

FEC ID number of contributing federal political committee.

C

Name of Employer

Skin Laser &amp; Surgery Specialists of NY

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2016

Transaction ID : 1455ACA9-FF2A-4C05-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark Stephen Douglas**

Mailing Address 3664 Oriskany St

City	State	Zip Code
Jacksonville	FL	32227-1715

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	03	/	2016

Transaction ID : 3EA1E9B9-80D6-4CFF-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Carla A. Fisher**

Mailing Address 563 Atherton Ave

City	State	Zip Code
Novato	CA	94945-2632

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology Associates of the Bay Area

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2016

Transaction ID : C36E5BE733526461B92

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Lisa A. Garner**

Mailing Address 3310 Broadway Blvd

City

Garland

State

TX

Zip Code

75043-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lisa A. Garner M.D. P.A.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

**Transaction ID : 84B8576B-DEC6-4DC8-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Roger S. Golomb**

Mailing Address 18 Winston Dr

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clearwater Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	6

**Transaction ID : 109A73FA34409CBC7CF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Catherine Elizabeth Harrell**

Mailing Address 3323 Cloverdale St

City

Houston

State

TX

Zip Code

77025-4512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Dermatology &amp; Skin Care

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

**Transaction ID : 872055E6EAA27F9713E**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ali Hendi**

Mailing Address 5454 Wisconsin Ave

Barlow Building, Ste 725

City

Chevy Chase

State

MD

Zip Code

20815-6947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2016

**Transaction ID : 014DA3DF-EF25-4B56-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Janet G. Hickman**

Mailing Address 107 Lee Cir

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2016

**Transaction ID : E481067C-9F10-4498-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Molly A. Hinshaw**

Mailing Address 4671 Signature Dr

City

Middleton

State

WI

Zip Code

53562-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DermPath Diagnostics

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2016

**Transaction ID : 095D9254-7428-449B-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. George J. Hruza**Mailing Address 1001 Chesterfield Pkwy E  
Ste 101City State Zip Code  
Chesterfield MO 63017-2167FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laser and Dermatologic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : CD689B46-DDF6-4DEC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. M. Amanda Jacobs**Mailing Address 100 Scenery Dr  
Department of DermatologyCity State Zip Code  
State College PA 16801-7997FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger- Scenery Park

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : AB3A969E-7222-4A2F-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Renata M. Jenkin**

Mailing Address 2315 86th Ave NE

City State Zip Code  
Clyde Hill WA 98004-2416FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Washington

Occupation

Clinical Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : F0A92B9D-1C86-4398-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Andrew J. Kaufman**

Mailing Address 267 W Hillcrest Dr

City

Thousand Oaks

State

CA

Zip Code

91360-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Center for Dermatology Care

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2016

Transaction ID : 40566422-1FF1-432C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark D. Kaufmann**

Mailing Address 21 E 90th St

City

New York

State

NY

Zip Code

10128-0654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	03	/	2016

Transaction ID : 57E77551-D13F-4363-

Amount of Each Receipt this Period

1001.00

Full Name (Last, First, Middle Initial)

**C. Roger S. Knutsen**

Mailing Address 1518 Forest Dr

City

Rapid City

State

SD

Zip Code

57701-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West River Dermatology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2016

Transaction ID : E4DC5B44CDFB3D4163D

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2251.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Arianne Shadi Kourosh**Mailing Address 4 Emerson Pl  
Apt 314

City	State	Zip Code
Boston	MA	02114-2277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General HospitalOccupation  
Dermatology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

**Transaction ID : 5BF1DF74-E01E-4565-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David R. Lane**

Mailing Address 4825 Carmel Park Dr

City	State	Zip Code
Charlotte	NC	28226-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatologic Surgery of the CarolinasOccupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2016

**Transaction ID : D9337C2324D10982007**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dennis Lee**Mailing Address 57 Boston Providence Tpke  
Ste 16

City	State	Zip Code
Norwood	MA	02062-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Metro West Derm Surgeons, LLCOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2016

**Transaction ID : 86EDB48E-381E-4FA2-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Suzanne Olbricht**

Mailing Address 41 Mall Rd

Department of Dermatology

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

**Transaction ID : 26202DA3-E05A-4B65-**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. David Blake Pharis**Mailing Address 3855 Pleasant Hill Rd  
Ste 200

City

Duluth

State

GA

Zip Code

30096-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David B. Pharis, M.D., P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	6

**Transaction ID : 2DD2BFB6-8D22-4A02-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kelley Pagliai Redbord**

Mailing Address 2720 N St NW

City

Washington

State

DC

Zip Code

20007-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology and Dermatologic Surgery G

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	6

**Transaction ID : AF60754B-C075-4E3D-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Jack S. Resneck Jr.**

Mailing Address 312 H St

City

San Rafael

State

CA

Zip Code

94901-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF Department of Dermatology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2016

**Transaction ID : 119F3A0F-4ACA-443B-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lorraine L. Rosamilia**

Mailing Address 56-02, 200 Scenery Drive

City

State College

State

PA

Zip Code

16801-7974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger Dermatology - Scenery Park

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2016

**Transaction ID : 4C2A9B3E-92A5-49FA-**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**C. Justin T. Roscoe**

Mailing Address 8388 Piping Rock Ct

City

Millersville

State

MD

Zip Code

21108-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2016

**Transaction ID : 33EC42B3879D6E1F5E6**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1650.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Marshall Jasper Shuler**

Mailing Address 920 Woodruff Rd

City

Greenville

State

SC

Zip Code

29607-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Dermatology of Greenville

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

**Transaction ID : 3E801EA0-6087-400A-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James B. Stewart Jr.**

Mailing Address 3300 Rock Hollow Rd

City

Oklahoma City

State

OK

Zip Code

73120-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James B. Stewart, MD PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2016

**Transaction ID : 22532742FA16306849D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sabra Sullivan**

Mailing Address 242 Hidden Oaks Dr

City

Ridgeland

State

MS

Zip Code

39157-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associates, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	07	/	2016

**Transaction ID : C5940F0B19BD3F1BE14**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

958.33

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 22  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Adam Taintor**

Mailing Address 9450 S 1300 E

City  
SandyState  
UTZip Code  
84094-5555FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alta View Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

Transaction ID : 97A37F44-E94E-41A4-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michele M. Thompson**

Mailing Address 2222 NE Stanton St

City  
PortlandState  
ORZip Code  
97212-3437FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associates of Southwest Wa

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2016

Transaction ID : EEC5DA1B-0075-4EF0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Marta Jane Van Beek**Mailing Address 200 Hawkins Dr  
Dermatology DepartmentCity  
Iowa CityState  
IAZip Code  
52242-1009FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals and Clinics

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

Transaction ID : 04B09D18-6E1F-4E1E-

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Mark J. Zalla**

Mailing Address 1018 Colina Dr

City

Villa Hills

State

KY

Zip Code

41017-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associates of Northern KY

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2016

Transaction ID : 0EED7F03A032B4E1CF7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

25860.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown      State MD      Zip Code 21741

Purpose of Disbursement  
VS/MC Fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01      04      2016

Transaction ID : VAD14AD70F7DCE7582D8

Amount of Each Disbursement this Period

316.50

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316.50

316.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**Mailing Address 919 Congress Avenue  
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Alamo PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

**Transaction ID : 8C503384E74B6041ABE**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Connecticut**Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 General

Candidate Name

**Richard Blumenthal**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ☐ Contribution

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

**Transaction ID : A08E6111EDF80C1BD2F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Continuing America's Strength and Security PAC**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Continuing America's Strength and Security PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

**Transaction ID : D15C7228D98F7DBCC55**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
2016 Contribution

011

**Transaction ID : E06FD4A653C425FA9A1**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**DCCC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

**B. DSCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2016 Contribution

011

**Transaction ID : 38AEE4B3423E432F613**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**DSCC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

**C. NRCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011

**Transaction ID : B2A1510746416C05044**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**NRCC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. NRSC**

Mailing Address 425 2nd Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
2016 Contribution

Candidate Name

**NRSC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

**Transaction ID : E1099589BA8FA673CE1**

Amount of Each Disbursement this Period

15000.00
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Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City  
JanesvilleState  
WIZip Code  
53547-1488Purpose of Disbursement  
2016 General

Candidate Name

**Paul Davis Ryan Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

**Transaction ID : 7BCF30AE6BEEC34AD5D**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00
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76000.00
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